

Exhibit A

Standard Form No. 8
October - 1954
Department of Labor
Regulation 609.2

NOTICE TO SEPARATED FEDERAL EMPLOYEE
(Unemployment Compensation Program)

KEEP THIS FORM. The information on this form will facilitate the determination of your rights to unemployment compensation. To file a claim for compensation, take the following items to the nearest public employment office:

1. THIS FORM (and any other such forms you have received in the past 24 months)
2. Your SOCIAL SECURITY ACCOUNT NUMBER CARD
3. The official notice regarding your separation (Notification of Personnel Action, Standard Form 50, or other similar document)



(Federal agency will insert in box above name and address of office where employee's payroll records are maintained.)

Example of payroll office address:

Payroll Section
Bureau of Employment Security
Department of Labor
New General Accounting Office Building
Washington 25, D. C.

ES-931

(State)
(Agency)

EXHIBIT B

REQUEST FOR WAGE AND SEPARATION INFORMATION
UNEMPLOYMENT COMPENSATION FOR FEDERAL EMPLOYEES

Name _____
Date of Birth _____ S.S.No. _____
Place of employment _____
Date of Request _____

COMPLETE THE ITEMS BELOW AND RETURN
WITHIN 4 DAYS

Insert name and address of Federal agency
payroll office

(Space for window envelope)

1. FEDERAL SERVICE:

- a. Did this person perform Federal service for your agency during the periods indicated in item 2 below? Yes _____ No _____
If no, explain why any service performed was not Federal service.

- b. Enter State or country of last "headquarters" or "duty station," if different, or, if neither is shown, the place of employment. _____

2. BASE-PERIOD WAGE INFORMATION

_____ if these wages were previously assigned, indicate
Base Period _____ Date _____ Amount _____ Specific
Otr. Ending Year GROSS WAGES State Assigned Assigned period covered

Actual Gross Wages

3. SEPARATION INFORMATION:

- a. Date of separation _____ b. Terminal leave (lump sum) expires on _____ (Date)
c. Reason for separation. (Explain in detail. Use reverse or continuation sheet if necessary.) _____

I hereby certify that this wage and separation report, which constitutes the findings made by this agency, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

Insert name and address of State agency office to which form is to be returned

Signed _____

(Title)

(Date)

ALTERNATIVE ITEMS FOR WAGE INFORMATION SECTION 2 OF FORM ES-931

MICHIGAN

2. BASE-PERIOD WAGE INFORMATION

Base Period From _____ through _____.

- a. In the base period, did claimant earn at least \$15.01 in each of 39 weeks? Yes___ No___ (If answer is "Yes," disregard item (1) if answer is "No," complete item (1))

(1) In how many weeks did he earn \$15.01 or more _____
during the base period, No. of weeks

- b. Give claimant's total wages in the base period \$_____.
c. Give claimant's total wages in weeks in which he earned \$15.01 or more if different from total shown in item (b) \$_____.
d. If the claimant was laid off, will he be called back within 4 weeks? Yes___ No___ If No, has claimant been separated for an indefinite period? Yes___ No___.

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

WISCONSIN

2. WAGE INFORMATION

- a. In calendar year claimant earned \$_____ and he worked in _____ weeks with this agency.

If claimant worked for you less than 10 weeks in _____, Indicate:

Claimant's total wages in _____ from this agency \$_____.

Claimant's total work weeks in _____ in this agency _____.

- b. During the period from _____ to _____, in how many weeks did claimant work for you in employment covered by title XV? _____

No. of weeks

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW JERSEY

2. BASE-PERIOD WAGE INFORMATION

Base Period from _____ through _____.

- a. During the base period shown above the claimant earned \$15.00 or more a week in each of 35 weeks and earned a total of at least \$2262:
Yes _____
- b. No _____, During that period the claimant earned \$15.00 or more in each of _____ weeks and in these weeks he earned a total of \$ _____.
(Do not include wages for weeks in which claimant earned less than \$15.00).

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

NEW YORK

2. BASE-PERIOD WAGE INFORMATION

- a. During the base period shown above the claimant worked at least 26 weeks and earned at least \$3016:
Yes _____
- b. No _____, During that period the claimant worked _____ weeks and earned a total of \$ _____.
c. He earned less than \$15.00 a week during _____ of those weeks and in such weeks his total earnings were \$ _____.

If any of the above wages were previously assigned, give the name of the State, date assigned, amounts assigned, and periods covered (use reverse side if necessary).

OHIO

2. BASE-PERIOD WAGE INFORMATION

Base Period From _____ through _____.

a.			If these wages were previously assigned, indicate:		
Base Period			Date	Amount	
Quarter					
Ending Year	GROSS WAGES	State	Assigned	Assigned	Specific period covered

Total Gross Wages

b. If claimant worked for you in less than 20 calendar weeks in the base period, in how many weeks did he work? _____
No. of weeks

UTAH

2. BASE-PERIOD WAGE INFORMATION

Base Period From _____ through _____.

a. Enter base period wages in space provided			If these wages were previously assigned, indicate:		
Base Period			Date	Amount	
Quarter					
Ending Year	Gross Wages	State	Assigned	Assigned	Specific Period Covered

Total Gross Wages

b. Did this employee work full time hours? Yes _____ No _____
If part-time, was this due to employee choice? Yes _____ No _____
c. Did claimant work for you at least 2 full days (or 16 hours) in each of 19 calendar weeks during the base period? Yes _____ No _____
If "No" in how many weeks did claimant work 2 full days or 16 hours? _____.

(Agency)
REQUEST FOR INFORMATION OR
RECONSIDERATION OF FEDERAL FINDINGS

Name _____ Social Security No. _____
Date of Birth _____ I request ☐ reconsideration or ☐ additional information about the following findings:
Date of Request on Form ES-931 _____
_____ ☐ Federal service
Insert name and address of Federal agency payroll office _____
_____ ☐ Federal wages assigned to (State) _____
_____ ☐ Periods of Federal service _____
(Space for window envelope) _____ ☐ Reason for separation _____

Reasons for Request (use continuation sheet if necessary)

State what supporting documents were submitted by the claimant to substantiate his request:

Claimant's Signature _____	Date _____	State Agency Representative's Signature _____	Date _____
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☐ Additional Information is given below:

☐ Reconsidered findings (explain below):

(use reverse side if necessary)

Insert name and address of State agency to which form is to be returned

(Space for window envelope)

I hereby certify that the above has been examined by me and to the best of my knowledge is true, correct, and complete.

Signed _____

Title _____ Date _____